



PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/683,861
Filing Date	February 22, 2002
First Named Inventor	Robert Otillar et al.
Art Unit	1743
Examiner Name	Jan M. Ludlow
Attorney Docket Number	0861

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Robert P. Otillar				
Address	950 N. San Antonio Rd. #16D				
Address					
City	Los Altos	State	CA	Zip	94022
Country	USA				
Telephone	(415) 317-2008	Fax			

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Robert P. Otillar				
Signature					
Date	10/29/04 11/09/04		Telephone	(415) 317-2008	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/683,861
Filing Date	02/22/03
First Named Inventor	Otillar
Title	System and Methods for Localizing and Analyzing Samples on a Bio-Sensor Chip
Group Art Unit	1743
Examiner Name	Jan M. Ludlow
Attorney Docket Number	0861

I hereby appoint:

☐

Practitioners at Customer Number

OR

☒

Owner of patent named below who is authorized to sign on behalf of assignee:

Name	Registration Number
Robert P. Otillar	Inventor/Owner of Patent

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐

The above-mentioned Customer Number.

I am the:

☐

Applicant/Inventor OR

☒

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert P. Otillar
Signature	
Date	10/28/04 11/09/04 m

I am the:

☐

Applicant/Inventor OR

☒

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



**CORRESPONDENCE
ADDRESS
INDICATION FORM**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize the following address as the correspondence address:

☐ Customer Number

OR

Type Customer Number here

☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/683,861 10/248,848 10/248,847		February 22, 2002 February 24, 2003 February 24, 2003

Typed Name

~~Robert P. O'tillar~~

Robert P. O'tillar

Signature

Robert P. O'tillar

Date

10/28/04 1/6/04 *ve*

Address of signer:

Robert P. O'tillar
950 N. San Antonio Rd. #16D
Los Altos, CA 94022
Tel.: (415) 317-2008

(check one)

☐ Applicant or Patentee

☒ Assignee of record of the entire
interest. Statement under
37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☐ Attorney or Agent of record

(Reg. No.)

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of _____ forms are submitted.